Case 2:24-cv-00379-ROS Document 17 Filed 03/27/24 Page 1 of 16

Court Clerk

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

Case 2:24-cv-00379-ROS

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CLERK US DISTORICT AE	RICT COURT RIZONA DEPUTY

Affidavit

Defendant

Pro se Tayjalaya S. Williams

2240 S Elks lane

Yuma, AZ, 85364

Tayjalayastormwilliams@gmail.com

928-408-1422

March 20th 2024

Plaintiff

Andrew Jacobsohn (State Bar No. 037792)

Direct Dial: 602.262.5782

Email: AJacobsohn@lewisroca.com

Attorneys for Interpleader Plaintiff

Submission of Evidence in Case 2:24-cv-00379-ROS

I, pro se Tayjalaya S. Williams, am representing myself in the above-captioned case. Enclosed. please find the authenticated affidavit, life insurance policy, marriage license, Beneficiary designation change forms (last two), emails, screenshots of text messages, which I am submitting as evidence for the court's consideration.

I, pro se Tayjalaya S. Williams, hereby swear or affirm under penalty of perjury that the following statements are true and accurate to the best of my knowledge and belief:

- Exhibit 1.A- Thomas C. Retzlaff life insurance policy(pages 1,4)
- Exhibit A- Proof of marriage license
- Exhibit B- Beneficiary designation change as me (Tayjalaya S. Williams) as sole primary beneficiary at 100%
- Exhibit C- Second to last beneficiary designation change with me (Tayjalaya) as 75% primary Irrevocable beneficiary and Collin Retzlaff at 25% primary irrevocable beneficiary
- Exhibit D- screenshots of text messages sent between Thomas and myself and proof of time and date that are relevant to the case and support my position.
- Exhibit E-Emails sent from Thomas to me (Tayjalaya) expressing fears and urgency of getting married for my protection and financial security.

I kindly request that these documents be included in the evidentiary record of the case.

Thank you

Sincerely,

Tayjalaya S. Williams

Enclosures:

Authenticated Affidavit

Exhibit 1.A

Exhibit A

Exhibit B

Exhibit C

Exhibit D

Exhibit E

COUNTY OF YUMA

This document was acknowledged before me o

[Notary Seal, if anyl:

(Signature of Notarial Officer

Notary Public for the state of Arizona







Transamerica Life Insurance Home Office: Cedar Rapids, Irs Administrative Office: 4333 Edgewood Rd NE Cedar Rapids, IA 52499 (800) 852-4678

(Referred to as the Company, we, our or us)
TLSB15

Policy Number: 6600534140

Initial Face Amount:

\$100,000

Policy Date:

AUG 21, 2018

Insured: TOM C RETZLAFF

Owner(s): TOM C RETZLAFF

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

Signed for the Company at Cedar Rapids, Iowa on the Date of Issue.

7

Jay Orlandi, Secretary

Roman

Blake Bostwick, President

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy, including any fees or charges, within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery).

Term Insurance to the Policy Anniversary at the Insured's Age 105
Level Death Benefit Payable at Death of the Insured
Prior to the Policy Anniversary at the Insured's Age 105

Premiums Payable During the Life of the Insured to the Policy Anniversary at the Insured's Age 105

Premiums are Subject to Changes as Stated in the Schedules of Premiums Provision, But Will Not Exceed Specified Guaranteed Premiums

See Schedule of Guaranteed and Non-Guaranteed Premiums in the Policy Data for Amount of Premiums

Nonparticipating - No Dividends

If you have a complaint, you can contact your State Insurance Department at: (602)364-2499 AZ

OWNERSHIP

Owner of the Policy

The owner may exercise all rights under this policy during the Insured's lifetime. including the right to transfer ownership subject to applicable law and regulation. If ownership is shared by more than one person, all such persons must act together to exercise a right. Unless otherwise specified, if a co-owner dies during the Insured's lifetime, the co-owner's interest in this policy will pass to the remaining co-owners. If the owner or all co-owners die during the Insured's lifetime, ownership will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy

You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit

When the death benefit is payable under this policy, we will pay it to the Primary Beneficiary named by you in accordance with this policy. If no Primary Beneficiary has been designated, or if the interest of all designated Primary Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to the Contingent Beneficiary, if one has been named. If the interest of all designated Primary and Contingent Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to your estate.

Unless you specify otherwise, the following will apply:

- 1. If any Beneficiary dies before the Insured, at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end, except as to any death benefits we have already paid to that Beneficiary.
- 2. If a Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary

You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed, unless otherwise specified by you. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

THE DEATH BENEFIT

Amount of the Death Benefit

The amount of the death benefit is equal to the Face Amount. The amount of the death benefit may be affected by the Misstatement of Age or Sex provision of this policy.



Transamerica Life Insurance Company Home Office: 4333 Edgewood Road NE Cedar Rapids, IA 52499 (the "Company")

Beneficiary Designation Form

Policy Number	6600534140	_ Insured's i	lame: Tom Ret	zlaff	
Owner's Name			Written confirmat	lon of this change, if reco	rded by the
Tom Retzlaff			Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.		
Address			Return confirmati		owner. Owner's Initial
PO Box 46424			General Agen	The state of the s	Owner's Imoar
City	State	Zip		су/GA Соде	-
Phoenix, AZ 85063	3-6424		☐ Fax to: (
Check if new add	ress update is needed.				
number above. Plea completing the form.	ignation cancels all prior Bene se see instructions, signature If this form is recorded by the idity of the transaction requeste	requirements, spe Company, such re	cial provisions, a	nd sample Beneficiary [Designations before
beneficiaries in eq	's full name, address and rela ual shares unless otherwis percentage of the Policy's De	e indicated. Fo	r multiple benefi	ciaries of unequal sha	res, indicate each
share(s) that would h	(les): If more than one benefic ave been payable to the dece cated. Percentage for both the	ased beneficiary(ies) will be made in	equal shares to the surviv	ving beneficiary/ies)
Name (list below)	Address (list below)	City, Sta	te, Zip	Relationship	Percentage
Tayjalaya Storm W	illiams 13022 W. Columbir	ne Dr. El Mirane	A7 85335	Wife	100%
Contingent Beneficia	ary(les): Receives proceeds at t	he death of the Insu	red only if all of the	Primary Beneficiaries pred	lecease the insured
Name (list below)	Address (list below)	City, Sta		Relationship	Percentage
240 247 2222					
210-317-9800			Tom Retzlaff Print Owner's Complete Name		
Owner's Daytime Telephone Number				e Name	
			75-94-5528		
Irrevocable Beneficiary	Signature (if applicable)	0	wner's Social Securit	y Number/Tax ID Number	/
Witness Signature		0	wner's Signature (inc	ude Title, if Business or Tra	st)
Address of Witness				lude Title, if Business or True	st)
		D	ate Signed: Augus	t 28, 2021	



RECEIVED AS IS

Transamerica Life Insurance Company Home Office: 4333 Edgewood Road NE Cedar Rapids, IA 52499 (the "Company")

Beneficiary **Designation Form**

Policy Number: 6600534140	Insur	ed's Name: Tom Retzlaff
Owner's Name Tom Retzlaff		Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.
Address PO Box 46424	Y .	Return confirmation to: Owner's Initial
City State	Zip	General Agency/GA Code
Phoenix, AZ 85063-6424	- Zip	□ Fax to: ()
Check if new address update is need	ded.	
number above. Please see instructions, completing the form. If this form is recordlegal adequacy or validity of the transaction Print the beneficiary's full name, address	signature requireme ded by the Company n requested.	signations and settlement agreements for the Policy identified by the nts, special provisions, and sample Beneficiary Designations before such recording does not mean that the Company has passed on the other than the Insured. The Policy's death benefit will be paid to multiple
beneficiaries in equal shares unless beneficiary's share in percentage of the P Primary Beneficiary(ies): If more than o	otherwise indicate Policy's Death Benefit	ed. For multiple beneficiaries of unequal shares, indicate each next to their names. (See next page for additional instructions.) ned, and any beneficiary(ies) predecease the insured, payment of the
share(s) that would have been payable to	the deceased benefit	ciary(ies) will be made in equal shares to the surviving beneficiary(ies) contingent beneficiary, if applicable, must separately equal 100%.
Name (list below) Address (list be		City, State, Zip Relationship Percentag
Tayjalaya Storm Williams, 13022 W. C		The state of the s
Collin A. Retzlaff, 1 1833 W. Rosewoo	d Dr., E <mark>l Mirage, A</mark> Z	The second secon
f	<u>x</u>	
1	* *	
1		
Contingent Beneficiary(les): Receives pro	boeeds at the death of	the Insured only if all of the Primary Beneficiaries predecease the Insured
		the Insured only if all of the Primary Beneficiaries predecease the Insured
		the Insured only if all of the Primary Beneficiaries predecease the Insured City, State, Zip Relationship Percentag
Name (list below) Address (list be		City, State, Zip Relationship Percentag
Name (list below) Address (list be		City, State, Zip Relationship Percentag Tom Retzlaff
Name (list below) Address (list be		City, State, Zip Relationship Percentag
Name (list below) Address (list be	elow) (City, State, Zip Relationship Percentag Tom Retzlaff
Name (list below) Address (list be	elow) (City, State, Zip Relationship Percentag Tom Retzlaff Print Owner's Complete Name
Name (list below) Address (list be	elow) (Tom Retzlaff Print Owner's Complete Name 475-94-5528
Address (list be 210-317-9800 Owner's Daytime Telephone Number Irrevocable Beneficiary Signature (if applicable)	elow) (Tom Retzlaff Print Owner's Complete Name 475-94-5528 Owner's Social Security Admber/Tax ID Nymber

TOB 306M-0809

(SIGNATURE REQUIREMENTS ON NEXT PAGE)

TG-NF



* D T O 7 3 *

4333 Edgewood Road NE I Cedar Rapids, IA 52499 I www.transamerica.com

Tom C Retzlaff PO Box 46424 Phoenix, AZ 85063-6424

June 1, 2021

Policy #: 6600534140

Insured Name: Tom C Retzlaff

Dear Tom C Retzlaff:

Thank you for being a valued Transamerica customer. Based on information you recently provided, we've updated your policy to show the following beneficiary designations:

Beneficiary Name	Beneficiary Type	Irrevocable	Benefit
Tayjalaya Storm Williams	Primary	No	75%
Collin A Retzlaff	Primary	No	25%
None Listed	Contingent		

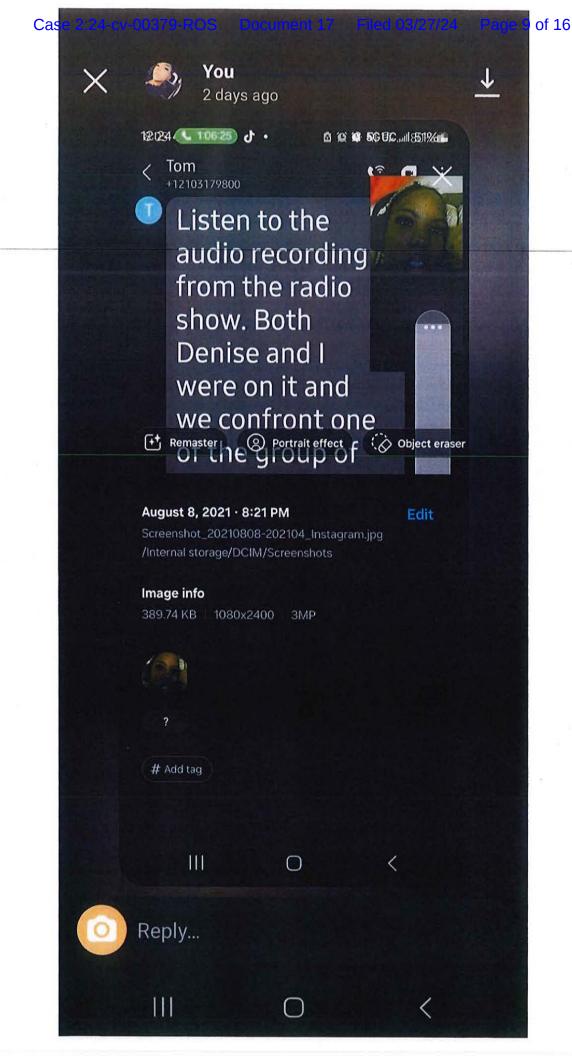
Please keep this letter for your records.

If you have questions, please contact your insurance agent or give us a call at 800-238-4302, weekdays 9 a.m. - 6 p.m. ET. We can also be reached by fax at 800-235-4782 or by email at tii.customerservice@transamerica.com.

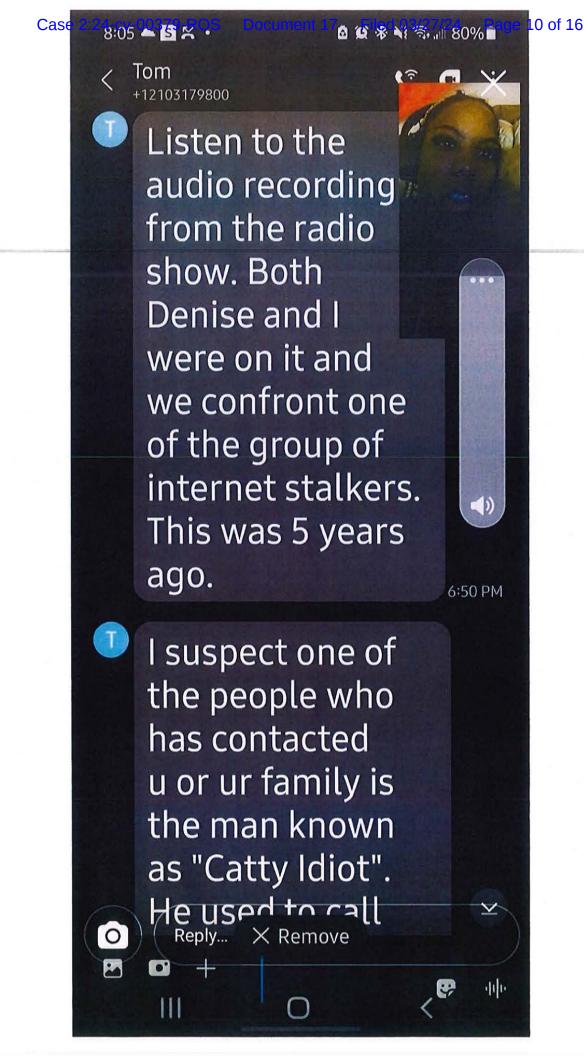
Best regards,

Transamerica

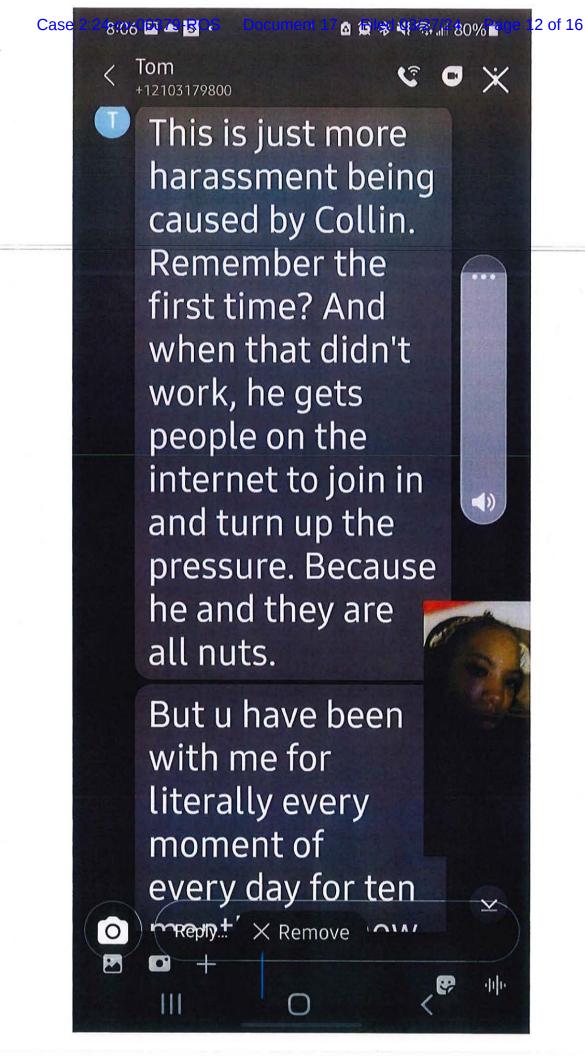
cc: Selectquote Insurance Services 13593















Tom Retzlaff 6/22/2021 to me ^

 \odot

From Tom Retzlaff • retzlaff@texas.net

To bröwn bunnïe • tayjalayastormwilliams@gmail .com

Jun 22, 2021, 11:10 PM Date

A Standard encryption (TLS).

View security details

The photos you sent me, the screen shots, are unprintable because they are screen shots. The resolution and file size is too small to make decent prints. So I will need you to please send me a link to the drive with the original pictures. Then I can print these and put them on our walls and such!! At least the ones you like, anyways. The other ones I might like. But I will keep them to myself so I can also enjoy them. As far as I am concerned, you take no bad pictures. I love them all. But you are my wife!! And I love everything about you!!!!!!!

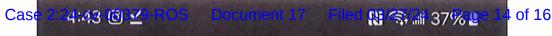
Seriously. I mean that, Tayjalaya.

Each of these is really awesome, Tay. The alien pics I really liked, once you explained to me that the lighting was done purposefully for effect. But these screen shots are of such low resolution / small file sizes, that I cannot do











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I don't know when you will see this email. Since right now you are in the kitchen cooking us our food. But I just want you to know that you really are such an amazing person and I am sooo glad that God brought us together and we are getting married!!













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I don't know when you will see this email. Since right now you are in the kitchen cooking us our food. But I just want you to know that you really are such an amazing person and I am sooo glad that God brought us together and we are getting married!!

This is so awesome! I can't hardly sleep I am so super excited about it.

You are really the only person who has ever treated me this well.

I am so grateful for you being in my life, Tayjalaya.

Listen, I want to get the marriage paperwork signed and filed as soon as possible. We can do the wedding ceremony in September, if that is what you want. But I want to get the paperwork all done quickly. I don't know what the future has in store and there is talk about the possibility of another lockdown because of the "Delta" or India-version mutant strain of the virus. It is hitting the Midwestern part of the country (Missouri, Arkansas, Illinois and such) especially hard and hospitals are filling up – again. It is supposed to be more contagious and deadly then the "regular" Covid strain. So getting the paper work at least all signed and filed with give me and us a sense of safety. So we can then have our wonderful wedding ceremony in September or whenever you feel.

I just have this feeling of "doom" or a Sword of Damocles hanging over my head. I've mentioned this before. But everything is in such a state of flux that I feel it is important to get things done as soon as possible because













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I just have this feeling of "doom" or a Sword of Damocles hanging over my head. I've mentioned this before. But everything is in such a state of flux that I feel it is important to get things done as soon as possible because yo don't know what the future will have in store and I don't wish to miss an opportunity. I worry that something might happen to me. I cannot explain it or why. So I want to make sure you are fully protected for every eventuality. And us getting the paperwork sign and filed already will not diminish the wonderful ceremony that you will be planning and putting together. Plus, us getting the marriage paperwork done now will help reduce the cost for the wedding ceremony by cutting an unnecessary part out of it and leaving the rest of it for the wonderful party and celebration!!!!

